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ON 1-9-92 cm

PETER VERNIERO  
ATTORNEY GENERAL OF NEW JERSEY

By: Pauline Foley  
Deputy Attorney General  
Division of Law 5th Floor  
124 Halsey Street  
P.O. Box 45029  
Newark, New Jersey 07101  
Tel. (201) 648-3696

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF DENTISTRY

IN THE MATTER OF THE SUSPENSION :  
OR REVOCATION OF THE LICENSE OF : Administrative Action  
:   
: CONSENT ORDER  
GARY R. DORNFELD, D.D.S. :  
:   
TO PRACTICE DENTISTRY IN THE :  
STATE OF NEW JERSEY :  
:

THIS MATTER was opened to the New Jersey State Board of Dentistry (hereinafter the "Board") upon receipt of a copy of a report from the National Practitioner Data Bank indicating that respondent Gary Dornfeld, D.D.S. (hereinafter the "respondent"), submitted a malpractice payment notice to the National Practitioner Data Bank regarding a judgment paid to patient Edyth Winters for unsuccessful prosthodontics treatment and care rendered during the period of September 27, 1988 through March 7, 1992.

The Board thoroughly reviewed the report and supporting documentation in this matter. It appearing that the parties wish to resolve this matter without recourse to formal proceedings and for good cause shown:

IT IS on this 9<sup>th</sup> day of January, 1996,

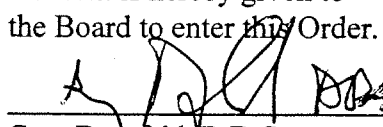
ORDERED and agreed that:

1. Respondent Gary Dornfeld shall successfully complete twenty eight (28) hours continuing education in crown and bridge; fourteen (14) hours of continuing education in diagnosis and treatment planning; and twenty eight (28) hours of continuing education in implants (the prosthetic restorative phase). These courses shall be approved by the Board in writing prior to attendance, utilizing the attached Pre-Approval Sheet, and the courses must be completed no later than six months from the date of this order. Respondent also shall be required to complete the attached Continuing Education Report and Proof of Attendance form as proof of successful completion of the required course work. The attached forms are made a part of the within Order, and a separate form is to be used for each course. Said continuing education ordered herein shall be in addition to, and not a part of, the mandatory continuing education currently required for biennial renewal of dental licensure.

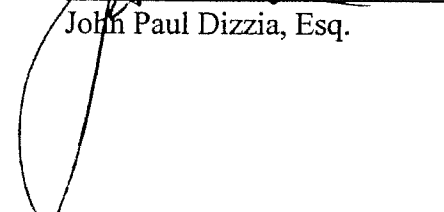


ANTHONY M. VILLANE, JR., D.D.S.,  
President, State Board of Dentistry

I have read and understand  
the within Order and agree  
to be bound by its terms.  
Consent is hereby given to  
the Board to enter this Order.

  
Gary Dornfeld, D.D.S.

This Order is consented to as to  
form and entry.

  
JOHN PAUL DIZZIA, P.C.  
Attorney for Respondent  
John Paul Dizzia, Esq.



# State of New Jersey

ROBERT J. DEL TUFO  
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF DENTISTRY  
CONTINUING EDUCATION COURSE  
PRE-APPROVAL SHEET

EMMA N. BYRNE  
DIRECTOR

LOCATION

124 HALSEY STREET 6TH FLOOR  
NEWARK, NJ 07102  
(201) 648-7087

MAILING ADDRESS

P.O. BOX 45005  
NEWARK, NJ 07101

\*\*\*\*\* ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT  
LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT  
ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE.  
A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY  
WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE  
BOARD. \*\*\*\*\*

DENTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

NAME OF COURSE \_\_\_\_\_

SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

\_\_\_\_\_ COURSE PRE-APPROVED BY BOARD DATE \_\_\_\_\_

\_\_\_\_\_ COURSE NOT ACCEPTED BY BOARD DATE \_\_\_\_\_

DATE \_\_\_\_\_

AGNES M. CLARKE  
EXECUTIVE DIRECTOR



# State of New Jersey

ROBERT J. LEL TUFO  
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF DENTISTRY

EMMA N. BYRNE  
DIRECTOR

LOCATION

124 HALSEY STREET, 6TH FLOOR  
NEWARK, NJ 07102  
(201) 648-7087

## CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

MAILING ADDRESS

P.O. BOX 45005  
NEWARK, NJ 07101

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location      Date of Course
3. Was prior approval for the course obtained: Yes \_\_\_\_\_ No \_\_\_\_\_  
\*\* If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached \_\_\_\_\_
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

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### PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title